POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).				
I hereby	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
∑ Pra	actitioners associated with the Customer Number	ber: 20	350	
OR				
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):				
	Name	Registration Number	Name	Registration Number
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on the undersigned's behalf to certify the chain of title and establish the undersigned's ownership in any and all patent applications in which rights have been assigned to the undersigned.				
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:				
The address associated with Customer Number: 20350				
Firm or Individual Name				
Address				
City		State	Zip	
Country	У			
Teleph	one	Ema	iił	
Assignee Name and Address:				
DRS Tactical Systems, Inc. 1110 West Hibiscus Boulevard Melbourne, FL 32901				
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be flied in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be flied.				
SIGNATURE of Assignee of Record The inglividual whose signature and title is supplied below is authorized to act on behalf of the assignee				
Signature	VVVI VILL		Cate 8 3	30 0011
Name	Mark A. Dorfman	***************************************	Telephone	
Title	Secretary		***************************************	